

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-046909

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 3002

Primary Registration District No. 3002

Registrar's No.

FILED JAN 6 1964

## 1. PLACE OF DEATH

a. COUNTY Audrain

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN Mexico

Length of stay in 1b  
65 yrs.

c. FULL NAME OF (IF NOT in hospital, give location)  
HOSPITAL OR INSTITUTION Audrain Hospital

Inside Limits  
Yes ☒ No ☐

## 2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission)

a. STATE Mo. b. COUNTY Audrain

c. CITY OR TOWN Mexico

Inside Limits  
Yes ☒ No ☐

d. STREET ADDRESS 202 W. Boulevard

Reside on Farm  
Yes ☐ No ☒

## 3. NAME OF DECEASED

First Middle Last  
Bertha Elizabeth M. Kent

4. DATE OF DEATH Dec. 29, 1963

5. SEX Female

6. COLOR OR RACE White

7. Married ☐ Never Married ☐  
Widowed ☒ Divorced ☐

8. DATE OF BIRTH Sept. 3, 1922

9. AGE (last birthday) 71 yrs.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
Sales lady

10b. KIND OF BUSINESS OR INDUSTRY Dept. Store

11. BIRTHPLACE (City and state or country) Callaway County, Mo. U.S.A.

12. CITIZEN OF WHAT COUNTRY

## 13a. FATHER'S NAME

James A. Martin

## 13b. MOTHER'S MAIDEN NAME

Tinnie Warfield

## 14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, or unknown) (If yes, give war or dates of service)  
No

16. SOCIAL SECURITY NO.

17. INFORMANT Address  
Roy Kent, Mexico, Mo.

## 18. CAUSE OF DEATH (Enter only one cause per line)

### PART I. DEATH WAS CAUSED BY:

#### IMMEDIATE CAUSE (a)

Mitastatic Breast Cancer

#### INTERVAL BETWEEN ONSET AND DEATH

1 year

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

#### DUE TO (b)

Carcinoma Simplex Breast Act

7 1/2 years

#### DUE TO (c)

### PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

### PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 4 - 1956 to Dec 29 - 63 and last saw her alive on Dec 29 - 63  
Death occurred at 1:35 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

Theresa D. Loney, M.D.

## 22b. ADDRESS

Meridian, Mo.

## 22c. DATE SIGNED

1-2-64

23a. BURIAL, CREMATION, REMOVAL (Specify)  
Burial

## 23b. DATE

Dec. 31, 1963

## 23c. NAME OF CEMETERY OR CREMATORY

Elmwood

## 23d. LOCATION (City, town, or county)

Mexico, Mo.

## 23e. STATE

## 24. FUNERAL DIRECTOR

## ADDRESS

Precht Funeral Home, Mexico, Mo.

## 25. DATE RECD. BY LOCAL REG.

January 2 - 1964

## 26. REGISTRAR'S SIGNATURE

Alberta Edmonston

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS 300  
Rev. 4/59

10047

20047

3

4 1

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9 170x

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12 1-0

13 30

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed

*Earl E. Pritchett*

Licensed Embalmer No. 3189

P. O. Address Mexico, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.